

**The New Head Start Health Competencies:  
What are they and how can they help your program?**

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April Williams: Welcome. Thank you for joining us for the New Head Start Health Services Competencies: What are They, and How can They Help You in your Program? My name is April Williams, and I'm a resource manager for the National Center on Early Childhood Health and Wellness. We are so pleased to have the opportunity to introduce the Head Start Health Services Competencies that health managers and health service staff can use to strengthen their health-related knowledge and skills. So first off, I'll turn it over to our presenters to introduce themselves.

Nancy Topping-Tailby: Hi, everyone. My name is Nancy Topping-Tailby. I've worked in the Head Start community at a local, state, and national level for over 20 years, and have been providing training and technical assistance on health and safety topics since 2011. Steve?

Steve Shuman: Hi. My name is Steve Shuman. I've been a Head Start director and have been providing technical assistance and training on early childhood public health topics to both Head Start and childcare since 1987.

April: Great. Thank you so much for joining us, Steve and Nancy. So next, we will hear from you, and see who's here in the audience with us today. So you have a poll right there on your screen, and let us know what role you have in your program. I see you guys are answering. Great, thank you. We have some health managers mostly on the line. And it looks like health services staff is jumping up there. Thank you. Thank you for joining us. And then next we've got nutrition staff and other managers. They're about equal. Thank you so much, everyone, for joining us. We'll give it a couple more minutes. I see the – well, a couple more seconds. I see the numbers are still changing.

Okay. It looks like we're about half health managers that are here on the call. Thank you, everyone, for joining. So we'll go to the next slide. Okay, take it away. Thank you.

Nancy: Thanks, April. After watching today's webinar, participants will be able to identify the role of Competencies in professional and organizational development, increase their awareness of the Head Start Health Services Competencies and the Professional Development Assessment tools, and consider how to use these tools to support ongoing learning and continuous program improvement.

So what are the Competencies? Competencies are not regulations. They provide the evidence for performing functions successfully. Competencies are one way for an individual to determine what he or she values or does not value, knows or does not know, and can or cannot do. They are important because they describe critical areas for individual and organizational performance. Competencies can also help programs and health services staff to identify areas where they may need additional professional development.

Four principles frame the development of the Competencies. As demonstrated in current research by Nobel laureate James Heckman, high-quality early childhood health and nutrition services provide the foundation for lifelong wellness. The quality of health services that programs provide improves when

directors and health managers have the knowledge, the skills, and the attitudes to manage health services effectively. Competencies create an evidence-informed framework for supervisors and staff to build upon identified areas of strength, and intentionally attend to areas for improvement. And perhaps most important of all, families are the primary decision makers for their children's health.

The National Center on Early Childhood Health and Wellness drafted the Competencies after reviewing more than two dozen sets of Competencies and performance measures, qualifications and credentialing for early care and education and health personnel, including the Head Start Program Performance Standards, Caring for our Children: National Health and Safety Performance Standards for Early Care and Education Programs, Third Edition, two descriptive studies of Head Start Health Services, and the report, "Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation." The Health Services Competencies complement the management requirements for content experts and the Head Start program Performance Standards.

In 2015, the Institute of Medicine, now known as the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine, released "Transforming the Workforce for Children Birth Through Age 8." This report cites both the importance of professional competencies and aligning professional learning and workforce development with those competencies. It recommends a shared knowledge base and set of competencies for the early childhood workforce. The report also highlights the need for role-specific knowledge and competencies within early care and education programs. Now Steve is going to tell you more about the competencies themselves. Steve?

Steve: Thanks, Nancy. The Head Start Health Services Competencies: A Tool to Support Health Managers and Staff, is the full set of competencies with some background information. There are a total of 68 Competencies, each indicating an attitude, knowledge base, or skill set associated with science-informed practices for early childhood health staff. The Competencies include attitudes in addition to knowledge and skills, because we know that health values and beliefs contribute to the delivery of effective health services.

The Competencies are consistent with science-informed practices for early childhood health staff. This is not an exhaustive list. Some people will know or be able to do more than what is described in the tool. Nor is it a template for a job description. Many programs may have multiple personnel carrying out health-related tasks, such as a nurse, a health aide, an oral health coordinator, a medical health professional, a nutritionist or a consultant, all who perform some of these responsibilities.

The Competencies are categorized into four groups. Overarching, child and family health, engaging families, and leadership. Let's look a little closer at these categories. The overarching competencies reflect the most critical set of attitudes, knowledge, and skills that form a foundation for high-quality health services within Head Start and Early Head Start programs. The 11 overarching competencies address the general principles of health and wellness, including promotion, prevention, early identification, and intervention, as well as the risk factors that make some people healthy and other people unhealthy. These determinants of health contribute to health disparities among culturally and linguistically diverse populations. Let's look at some examples of these overarching competencies.

Valuing the connections between health and learning is an example of an attitude being the overarching competencies. Health services staff who recognize and value this connection can play a meaningful role on their program's school readiness team. For example, they can support the importance of consistent attendance in program activities.

Having a working knowledge of the Head Start Program Performing Standards and other federal, tribal, state, and local requirements regarding health and safety in early care and education is an example of knowledge in the overarching competencies. Staff who know the requirements regarding health and safety can promote best practices in their interactions with children and families, and the health and safety of the environments in which children learn and grow.

Applying the principles of health literacy when communicating with staff and families is an example of a skill in the overarching competencies category. Staff who apply the principles of health literacy are better able to deliver important health messages. This makes it easier for other staff and families to understand and act on that information.

So we'd like to know what some of your thoughts are about the overarching competencies. Are there some that you would prioritize? Are there any that you think may or have been especially challenging for your program? I'm going to take a look at those again, put them up back on the screen. And in the chat box in the left-hand corner of your screen, let us know. Are there any of these that you think are especially important, or especially challenging? I know for most of you, these are new.

Number Ten, share culturally, linguistically, and developmentally-appropriate science education materials. Number six, assist staff and families to understand healthy growth and development. Number one, the value between health and learning. Number nine, be able to find and use appropriate sources of evidence-based and science-informed health and safety information. Number 11 can be challenging, applying the principles of health literacy when communicating, indeed. They're all important. We agree that they're all important. That's why we put them in this particular category.

Number seven, model and reinforce healthy and safe behaviors. Thank you all for contributing. So many people are writing in. Great. Number eight, assist children and families to address challenges that affect their well-being, promote resilience, strength and protective factors. Having knowledge of the Performance Standards, indeed. Very important to understand number three. Yes. Number Ten has been challenging. Sharing linguistically and developmentally-appropriate materials. Some of you asked about health literacy, and we're not going to cover that in this particular webinar, but we will be sharing resources later in the webinar that complements the Competencies.

Several people agree with the valuing the connections between health and learning. A lot of people have said they're all important. Seems that the Performance Standards and regulations and culturally and linguistically and developmentally-appropriate materials are all very popular ones. It is indeed challenging for families that have alternate health beliefs or don't understand what you're trying to say, which is an important element of health literacy.

And we have several new people on the line that are in a position to learn everything. So that's one of the reasons why we wrote these Competencies, to help people who are just starting. Still getting a lot of comments. Lots of people think they're all important and critical.

Understanding risk factors and acknowledging one's own values and beliefs, very important. I see that. The importance of translating materials, providing trainings in appropriate languages and the correct linguistic level. Finding the best information for families and being able to use that. Somebody's linked overarching competency number five, the risk factors that are contributed to diet and obesity. We all are aware of the importance of achieving a healthy weight in the Head Start community. Number six is

especially challenging when there's a child with special health needs. And each child's own healthy growth and development may be individualized. Talking to families about weight can be extremely challenging.

So I think, Nancy, we're going to move on. And I see a comment about timeliness. I think that everyone agrees that these 11 are indeed very important. Nancy, you want to take us into the next section?

Nancy: Sure. Thanks, Steve. And thank you all for your wonderful comments. So the child and family health competencies address the healthy growth and development of young children from birth to five years of age, family well-being, and Head Start requirements regarding the health and safety of children, families, and staff.

And here's a picture of – I know they're a little bit hard to read – of the child and family health competencies. There are actually 32 individual competencies in this category, which is the largest category of competencies. So as we did before, let's explore some examples.

Believing that children and families have the right to be healthy and safe is an example of an attitude in the child and family health competencies. We know that children are safer when managers, staff, and families work together to improve the strategies they use so that children don't get hurt. This enhances as child school readiness, and empowers families to live a healthy and safe lifestyle.

Knowing current pediatric periodicity schedules is an example of knowledge in the child and family health competencies. It means that staff know the current periodicity schedules for their state's Early and Periodic Screening, Diagnosis, and Treatment, commonly called the EPSDT program, and the immunization recommendations and requirements for children ages of birth to six years old.

Assisting eligible families to access health insurance for themselves and their children is an example of a skill in the child and family health competencies. As we all know, having health insurance helps families to take better care of themselves and their children, and supports children's school success by providing access to preventive care and treatment when needed.

These Competencies reflect the relationship-based approach found in the Head Start Parent, Family, and Community Engagement Framework and Head Start and Early Head Start Relationship-based Competencies for Staff and Supervisors who Work with Families. So now we've moved to talking about the engaging families competencies. They recognize that families are the primary decision makers for their children's health, that engagement is relational, and that engagement promotes positive child and family outcomes.

So here you can see a picture of the engaging families competencies. While they are the smallest category, remember that it's a key element of the principles that inform the development of all of the Competencies. So let's look at some sample competencies within the family engagement Competencies. Believing that families are experts about and the primary decision makers for their children's health, supports parents and families to make health decisions for their children that promote the health and safety of infants, toddlers, and preschoolers.

Understanding how someone's attitudes, beliefs, and traditions affects his or her health practices allows us to understand how receptive people may be to other health information and their willingness to use

it. We know from the work of the National Center on Parent, Family, and Community Engagement that when staff develop relationships with families that are based on respect and trust, family engagement is more likely to thrive. So with the family's willingness to follow through on Head Start health requirements to support their child's healthy development. So now Steve is going to talk with you about the leadership competencies. Steve?

Steve: Thanks, Nancy. I see a lot of questions about how to obtain copies of the Competencies. They will be posted on the ECLKC in the Health Services Management section of the Health Portal later this week. We were hoping they'd be up by this morning, this afternoon, wherever you are. But they will be up later this week.

So let me talk a little bit about the final category, leadership competencies. These address the fact that many health staff hold management positions or other jobs that require leadership skills. These competencies are inclusive of how to effectively manage and lead Head Start Health Services and work collaboratively with family, staff, individual providers, health organizations, and service delivery systems

Being open to multiple perspectives, new information, and novel approaches to working with children, families, and staff is an example of an attitude competency in the leadership category. This flexibility is characteristic of effective leaders who are committed to lifelong learning and willing to try new strategies to achieve the desired results.

Understanding adult learning principles means realizing that adults have different learning styles and appreciate information that is relevant and practical, presented in different ways to accommodate different learning styles, and allows learners to contribute their knowledge and experience. Using data to plan, implement, and evaluate health services is a competency skill – is a skill competency that encourages effective oversight of health services and provides opportunities to continuous program improvement.

Okay. So now we have a different pole. And what we'd like you to let us know is at child services, do health services staff in your program have a professional development plan? Yes? No? And some of you may not be sure. I see the answers coming in. The majority of the participants on the call do have a professional development plan. At least – or close to half of you have professional development plans. And a much smaller percent say no. Hopefully these competencies will help develop those. And another smaller percent are not sure. OK. Thank you for those comments.

The Head Start Health Services Competencies Professional Development Assessment, also known as PDA, is a user-friendly companion piece to the Competencies tool that individual staff members and their supervisors can use to identify strengths as well as areas in which there may be a need for ongoing professional development, and develop a plan that may be helpful. So many of you already have a professional development plan that may or may not be informed by science or evidence-based criteria. So the Competencies may restructure some of those development plans. And for those of you that don't have one or are not sure, you may want to look at the professional development assessment as a way to start to craft those plans.

The PDA allows the user to consider each competency on a continuum of strengths by measuring accomplishments at a basic level, proficient, advanced, or expert. The levels of accomplishments are incremental for each of the 68 Competencies, so there will be some variation. The basic level allows an

employee to enter the position and successfully perform his or her job responsibilities. At the basic level, staff understand and use introductory concepts and methods. They require regular coaching and support.

The proficient and advanced levels provide room for growth and learning. At the proficient level, staff work independently and understanding and use introductory concepts and methods. They use data effectively and plan and guide the work of others. At the advanced level, staff understand and consistently use more complex concepts and methods, as well as perform in-depth analysis. They lead and direct staff, specialists, and consultants. At the expert level, staff have a deep, specialized expertise. They play a leadership and mentoring role within their organization, community, and among their peers. This employee has achieved mastery and can mentor others in that particular competency. It is expected that individuals will be at varying proficiency levels and different competencies within any of the categories.

So this is an example of what a page of the PDA looks like. So you can see, you'll be able to download it, check it off, make notes, and use it independently or with your supervisors. These tools are not just for individual professional development. They also have implications for the whole program. For example, programs can also use the Competencies tool to explore values and ideas about health care practices, examine how to communicate with families about health topics, hire and supervise health services staff, and create individualized professional development plans for health staff. Using the Competencies tool and the PDA together can build the capacity of individual staff, as well as their Head Start agencies, to provide high quality health services to young children.

So I saw lots of questions come up in the chat box. Nancy, April, and I are ready to address them. The most recent one that I see is, where can I download this from? You'll be able to go to the Early Childhood Learning and Knowledge Center. Select TTA Resources, choose Health, and that will bring you to the National Center of Early Childhood Health and Wellness landing page. On that landing page, you will see a number of folders, and the Competencies will live in the Health Services Management folder.

If you are unfamiliar with using the Early Childhood Learning and Knowledge Center, type ECLKC, E like in Elliot, C like in cat, L like in Larry, K, C like in cat, and that will direct you to the URL. We have it at the end of these slides.

Nancy: Steve, this is Nancy. I'm seeing that April is also saying that she'll send a follow-up email with the exact link once they're posted.

Steve: I'm going to – while we're on the Question slide, I'm going to bring up that URL so people can write it down and look at it. And then we'll go back to the previous slides. So the URL for ECLKC, where all the health information lives – if you're unfamiliar with it, it's a really important URL to bookmark. All of the National Center materials live there. And all questions after today's webinar can be directed to that phone number or to that email address. These slides will eventually be made 508 Compliant, and this webinar will live on the ECLKC in the same place as the Competencies, and you'll be able to print them out. You'll be able – so within a couple of weeks, this webinar will be on ECLKC.

April: Okay. Do you want to go ahead and jump into some questions?

Steve: Thank you, April. I see there's a question about, how do nurses fit into the Head Start Health and Safety hierarchy? So we're very familiar with the fact that some people come with training from the nursing or other health care delivery systems and their clinicians first, and part of Head Start Second. And we know that people learn about the health component the other way as well.

We try to find a median that addressed both areas so that you would be able to cherry pick the Competencies. Obviously, someone with a nursing degree is going to be proficient or even expert in some of the more clinical areas, but may need further assistance learning some of the areas that are less clinical. Remember, the Health Services Competencies try to address the variety of health roles in a Head Start program from those that are leading the health component, to those that may be delivering some of the services, to those that may be overseeing parts of services.

Nancy, someone's asked about special considerations for Early Head Start. You want to take that one?

Nancy: Yeah, I was just looking at that. So we did actually build in a couple of competencies that are related to really thinking about children's prenatal development and moms during pregnancy, and giving children a healthy start. So when you look at those and also some of the considerations for caring for infants in the Early Head Start program, so when you look at the competencies in the Child and Family Health category, you'll see that we called out a couple that were specific to Early Head Start programs, including thinking about the follow-up with families for the two-week visit that families get after the birth of a child. So you'll see those when you actually get a copy of the Competencies.

And I see that somebody else is asking about, what's the expectation for competency mastery? So I think the expectation is that we're all lifelong learners, and that we're always learning and wanting to stay current as health information gets updated with new advances, and new emerging health issues arise. And as Steve said earlier, we think that a typical experience, if there is such a thing, is that no one's going to be proficient in all of the competencies. And so when you do your own self-assessment or evaluation of where you think you're at in terms of your attitudes and skills and knowledge, you'll see that some things you feel pretty comfortable in, some areas, but other areas, there's room for development.

I think for some very experienced people who've been in the field a long time is they get to really be quite experienced and are able to mentor. That's some of the work that Steve's been doing around the health manager network leaders, trying to find those folks who really can support new health managers in different states across the country. But there's an expectation that not everyone is going to be proficient in everything. So I would encourage you not to put that burden on yourself, and look and appreciate and celebrate what you do well. And then use those strengths to work on areas where there may be room for improvement. What would you say, Steve?

Steve: I would agree. And PDA does provide some definitions of those different levels. But we really created this so that each program and each individual user can make it for themselves. So there are going to be some that are not relevant, and there are going to be some that you want to maybe even add. But this is a starting place for you, and you and a supervisor or you and an employee will develop your own definition for what that means, what it looks like in your programs. Because each program is so different. We try to strike a point that would work for all programs at some level, but will definitely need to be individualized. I hope that's helpful. And when you read the PDA, perhaps you'll have a better idea.

I see the question about Health Services Advisory Committees. And that's in the – there's a levels and competency in the leadership category that says it's a skill competency. Maintain a Health Services Advisory Committee that includes engaged Head Start families, health professionals, program staff, and other community volunteers. So that's the skill piece. But also within leadership and in overarching, there are other values and knowledge competencies that would also contribute to running a strong and effective Health Service Advisory Committee. I also think the Health Service Advisory Committee may want to look at the Competencies as a way of thinking about your own health services program. I see the question about a timeline. Oh, Nancy, did you want to add? I'm sorry.

Nancy: No, I want to talk – somebody asking a question about the standards. So when you're done, Steve, I want to go back and we need to address that. I want to be crystal clear so there's no confusion. So go ahead, and I'll add afterwards.

Steve: Okay. So there's – the question is about expectations the timelines to implement. These two tools, these two documents are purely optional. We saw them as a way for programs to think about the health services and the health services staff. They are not – although the standards influenced the Competencies, they are not regulations, and they are not part of a monitoring tool. So we see them as something that individuals and programs would choose to embrace, but they are not regulations.

Nancy: Right. So to that extent, they are voluntary. And I would draw the analogy to the work that Steve and I and others in our center did when we were the National Center on Health, to try and help health managers and health services staff to become more familiar with caring for our children. And one of the reasons that we did that is because caring for our children really provides the evidence base for much of what is in the Head Start Program Performance Standards. It gives you the rationale for why you're required to do the things that you're required to do, because it's consistent with what we know about science-informed practice.

And so in the same way, we're hoping that when you actually get the new standards, which are not yet out, and you see what the changes are, and you continue to do the functions that Head Start programs have been doing ever since we started, that you'll have a little bit of a better understanding of what you can do to improve your own skills so that you can meet those requirements. And that's the connection that we saw, that we would be strengthening the work that you all are able to do by giving you a way to really understand more about the science behind the attitude, skills, and knowledge that will help you be an effective manager or health services staff in your program.

Steve: There's a question about breastfeeding. And while there isn't an individual call-out about breastfeeding or lactation in the Competencies themselves, there are three competencies that we've crafted uniquely for Early Head Start programs, and they're all in the Child and Family Health category.

One is assessing the nutritional status of enrolled pregnant women, providing nutritional counseling, and assuring food security. Another is developing a plan for the two-week newborn visit that responds to the well-being of the mother and newborn, addresses families' questions and concerns and offers resources and referrals, if necessary. And a third that assures that programs implement and inform families about safe sleep practices for infants. These are all three skill-level competencies, or categorized as skill levels. And while they made be inclusive of lactation issues, they don't specifically call that out. So –



Nancy: So –

Steve: Go ahead, Nancy.

Nancy: I'm just seeing a question here about, do we have a resource list corresponding to each competency available? So that's a fabulous question, and we were thinking that you all or someone would ask us that question. So that's our next piece of work. As we've told you, there are 68 individual competencies within these four categories, so we will be working on trying to come up with some really targeted good resources for you that will help to build the skills, the attitude, and the knowledge in each of those 68 competencies.

And so before we close out our webinar today, we really were also interested in asking you. So this is a preview a little bit of what we wanted to talk about, about what would be helpful to you as we began to plan those resources to support competency development.

Steve: Thanks, Nancy. I think I'll try that – there's a question about, how can we connect to the latest strategies and the new and the evidence-based? I strongly recommend people go to this ECLKC website. All of the information that the National Center on Early Childhood Health and Wellness has posted is based on current science and current evidence and current best practices, as determined by health care professional organizations. As many of you know, the American Academy of Pediatrics is our lead in the National Center on Early Childhood Health and Wellness, and so we have their vast resources, pediatricians from across the country able to help us make sure that we're delivering the best possible information.

So if you haven't looked at the ECLKC recently, particularly the Health Portal, I strongly recommend that you go there. Eventually, all those materials will be hyperlinked to the Competencies, to individual competencies, or they'll be embedded. But for the time being, I strongly recommend that you look and see what's there, depending on what your need and interest is. Again, some people are going to be stronger in some areas, and they won't need things in other areas.

Nancy: So I have a follow-up comment, Steve, to what you just shared, which is that I think over the next several months, you'll see some significant changes to the Health Portal on the Early Childhood Learning and Knowledge Center. Because one of the things that we've been really hearing from folks is that sometimes it's hard to find resources, and some of the resources have been there for a long time. And given that there's always new information, we've really – the office of Head Start has asked us to really be intentional and thoughtful about making sure that we keep the most current and science-informed resources available, and perhaps archive or take off some of the information that is not quite as current.

So I think you're going to be increasingly happy with the wonderful work that the folks who manage the ECLKC are doing to make sure that you can find things when you want them, and that really, you're going to be directed to the most recent resources. So watch for some of those changes that are coming. And as Steve said, we are hoping that over time, we will be able to link the resources that we produced and the training that we offer, so that when you are thinking about attending a webinar or looking at a new resource, you'll be able to connect it to a competency. So they're not going to live in sort of parallel worlds, but they'll be really closely connected.

Steve: Nancy, I went back into the chat box to see some of the questions that were not relevant to the Competencies, and a lot of people are asking content questions like, who should be on the HSAC, and I want more information about lead screening. And again, we're not going to address those questions today. We've done other webinars about those topics. They are archived on the ECLKC.

From some of the questions that we got earlier, I'm feeling that a lot of people on today's webinar – there's about 450 of you – have not really explored the Early Childhood Learning and Knowledge Center. So I strongly recommend going there to get some of your questions answered, because there's a lot of materials. There's a huge document known as Weaving Connections about HSAC. There's information about the lead screening. And all those kind of questions can also be addressed to [health@ecetta.info](mailto:health@ecetta.info). So again, we're just focusing on the Competencies today.

Nancy: And we are going to get a record of the question, because you all have been so wonderful about sending in questions. So April will be able to give us a summary of the questions, and we'll be able to respond afterwards as well.

Steve: Again, many of your questions are questions that many Head Start Health Services staff have asked in the past, getting the medical community support, getting lead screenings. Those have been addressed in earlier webinars and documents on ECLKC. If you don't already subscribe to the health alerts from ECLKC, there is a button on that screen on the very top that will allow you to subscribe and get all of the health information sent to your email box.

Nancy: So I see a question, Steve, about, can we provide an in-depth immersion into how to increase competencies? I'd like to see how this could be offered to be completed in person with other health managers to learn and grow. So we're really hoping you're going to give us some ideas of how you would like us to do this work that we can take back and talk about among ourselves and with the Office of Head Start.

One of the things that we've been thinking about is to build it into new health manager orientations that we do, but also to provide sort of a menu, if you will, so that when we do the training on the 68 individual competencies that we talked about, it will be training that you can use in a variety of ways, because we want to really make it as well targeted to meet your needs as possible. So I'm hoping that you would be able to use some of the training for kind of a self-learning exercise, that you would be able to use it with other folks in your program or across the state through your state associations.

And we can think about an opportunity to do a more in-depth immersion, and how we would do that, whether we would do that in person or virtually. Because I know that health managers often don't get out of the programs very often. There's only one of you, so it's hard when you're not there. So if you have ideas about how you would like us to provide more of an in-depth immersion experience, please tell us either in the chat or write to us at [health@ecetta.info](mailto:health@ecetta.info), and let us know. Because we're planning this now, and so your feedback would be really helpful and very timely. This work is for you.

Steve: Nancy, I'd like to build on that. And it's certainly what the health manager networks are trying to do is learn from each other. So health managers are in a group. They may be state-based or they may be in a part of your state or in a region. If you are currently not part of the health manager network and are interested in that, again, write to this email address on the screen, and we will connect you with any existing health manager networks in your area. Or if there isn't one that already exists, there are about

40 currently in the country. We will work with your region to help establish a health manager network so that you're learning from each other. They've been very effective learning experiences.

Nancy: So someone else is commenting again about they don't see the Competencies on the Health Portal. That's because they are not there yet. But I know that they're almost ready to be launched, because we've seen a preview of the page. So we're expecting that it will be available this week, maybe even this afternoon. But I'm not sure, so I'm not promising that. But they're about to go live.

And the other thing is someone asked about the health manager orientations and how to find out more about those. So I just wanted to say that the way in which those health manager orientations happen is that it's part of the regional professional development plan. So it's the regional offices who ask us to do certain kinds of training. And some of the offices, when there has been a lot of turnover in a particular region, have asked for health manager orientations. So we don't provide them other than when requested by the regional office.

However, there is the Health Manager Orientation Guide that you can find on the Early Childhood Learning and Knowledge Center. And we know from doing the orientations that although the guide was written for new health managers, we have folks 10 or 15 or 20 years in who are coming to these orientations because they didn't ever have an orientation, and so they wanted to be part of one.

And we also have two online modules. One is on developing health policies, and the other is on the difference between health tracking and ongoing monitoring. And those are also in the same area, and also in the Health Services Management folder. You can look for the Health Manager Orientation Guide in those online modules. So those are also available for you if you are wanting to learn more about a new health manager orientation, but it isn't being offered in your region.

Steve: Nancy, it seems that many people are asking sort of very local and personal issues to their individual needs or their grantees' needs. And I want to encourage people to use the current training and technical assistance system. For the National Center, it's sort of at a level where we work, as Nancy just said, for the regional offices. Every regional office has a regional Head Start health specialist. And you contact them through the early childhood development specialist that's been assigned to your program. Every individual grantee has an early childhood specialist. If you don't know that person because you're in health and they only appear to be working with education, check with your director, that person that's been assigned to your grantee, and you can reach out to them for assistance getting to your individual regional health specialist. And every region has at least one, and a few regions have two.

I'm not seeing new questions pop up in the chat box. I'm just going to bring us to – we have only about five more minutes. This was a question that we wanted to have to you. What types of professional development opportunities would you like the National Committee to provide? And I think we heard that a lot in this most recent conversation. I also saw a question or a comment about getting templates. So some of that, you'll be able to find in the Health Services Managers Orientation Guide. And there's an appendices in there.

If you are unfamiliar with the document Caring For Our Children, I strongly recommend you checking out that document. Lots of samples there, as well as Model Childcare Health Policies. Lots of sample forms there.

Nancy: Steve, there's a question here about, how do we get health notifications? So if you haven't already, there's a place to register. If you go to the Home page on the ECLKC, you can register as a user. And once you register – so just look – I think it's – is it in the top right-hand corner, I think?

Steve: It is in the top right-hand corner, and it says Subscribe.

Nancy: So Subscribe. So click on Subscribe and register as a user. And once you input your email address, then you can choose what kinds of notifications you want, and you can access the health notifications that way. But you have to be subscribed in order to get them.

Steve: So I see somebody's asking for more online learning opportunities rather than traveling, and that is definitely a direction we're moving in as the National Center. So you'll find that currently, there's a healthy active living on one module. The two modules that Nancy just mentioned about our health services managers, and a number of other archives. There's quite a few actually, archived webinars for online learning.

Nancy: Oh, there's so many questions and so little time that I want to be able to talk with you about. So I saw a question scrolling by about the NPI modules, the childcare health consultant training. And somebody was saying it would be great to have something like that. So I just wanted to let you know, if you are a childcare health consultant, that we are currently looking at those. They've been archived on Georgetown University's Maternal and Child Health website. And they are not easy to find, but they also haven't been updated in a while, so that's something that we're looking at now to think about, what kind of materials can we provide for child care health consultants? So that's part of our scope of work, so watch for that coming soon.

And – oh, my goodness. And there was another question that flew by, and I wanted to – oh, about rural programs. It was about working with rural programs.

Steve: Yeah. While you're thinking about the rural answer. There's a question about, do you have to be a nurse? And this is what the performance standard says. Does not say you need to be a nurse to be a health manager. One of the reasons why we developed the Competencies is to complement what the standard says. So you can see that health services must be supported by staff or consultants with training and experience in public health, nursing, health education, maternal and child health, or health administration. Nutrition services must be supported by staff or consultants. Mental health services must be supported by staff or consultants.

So you can see that there's a lot of leeway here, and we hope that those people that are coming in from multiple directions will be able to cherry pick the competencies to the ones that most apply to what they're doing, and what they need to know. Nancy, you want to take on the rural question? I didn't see that flash by.

Nancy: Yeah. So there's not a good answer to the rural question because clearly, I think there are different resources available, clearly, depending upon what parts of the country you're in, or whether you're in a migrant and seasonal program or a tribal program. And we know that some areas, the frontier areas are really quite challenged.

We have done a training on conducting Health Services Advisory Committees using virtual technology that we actually recorded at a program in North Carolina that was connecting with folks who virtually, because they just couldn't get people to physically come to the program. And that's available to you. But I think often for rural programs who have very real challenges that are unique to your geographical location, those are ones where you may need more targeted assistance to be able to figure out some solutions to your problems.

So I encourage you to write to us and talk with your program director and your program specialist, because as Steve said, there are health specialists who are working in the regional office, and maybe some folks who are available through the technical assistant system could be helpful to you. But know that you're not alone, and this is a program issue for many folks who are working in rural and frontier areas. And unfortunately, there isn't a quick and easy one-size-fits-all solution.

Again, that's something that health specialists can help with too. We're at the top of the –

Nancy: Yeah, I was going to say the same thing.

Steve: We're at the top of the hour, and I see a lot of questions that are well beyond the Competencies. Questions about resources, questions about content, questions about tasks. And I definitely urge people to use [health@ecetta.info](mailto:health@ecetta.info) to ask these questions. It's the email address on your screen. It's the email address on our landing page for the National Center. And we are very responsive to those questions. So April, do you want to take us out and explain what's going to happen next?

Nancy: Before you do that, April, I just wanted to say how much I appreciated all the comments today, and what a wonderful and exciting opportunity it was to dialogue with you. So thank you so much.

April: I agree. Thank you to Nancy and Steve. This was such a great wealth of information. This does conclude our presentation, so what you can expect now is that once the webinar closes, a survey will pop up. You'll need to take that survey. And then within 10 business day, you'll get a certificate if you take the survey. And then once the Competencies are posted, which we expect to happen no later than tomorrow morning, you'll get a follow-up email that will have the exact link. I know a lot of you are looking for them on E-click. You'll get the exact link that'll take you to the Competencies.

So if you have any additional questions, comments, or any feedback, please send it to [health@ecetta.info](mailto:health@ecetta.info). Or you can call our toll-free number listed there, 888-227-5125. And we love hearing from you. So that concludes the webinar, and thank you all so much for joining us today.